Effective October 1, 2003 10790												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN L ENTITY
TOTAL CLAIMS			20				-	RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA		1 ·	BASIC F	EE 385.0		BASIC FE	+
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		-		
INDEPENDENT CLAIMS			2 minus 3 =							OR		
М	JLTIPLE DEPE	NDENT CLAIM P)				X43=		OR	X86=	ļ
								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2		TOTAL		OR	TOTAL	710
												THAN
	1005	COlumn 1) (Column 2) (Column 2) (Column 2) (Column 3)				(Column 3)	l 'r	SMAL	LENTITY	OR	SMALL	ENTITY
AMENDMENT A	·	REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE /
	Total	.20	Minus	-20		= /		X\$ 9=		OR	\$0 X\$16=	1
	Independent	• 3	Minus	3		•	ŀ	X43=			220 X8 6 =	\/
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		X
								+145=	-	OR	+290= TOTAL	+/+
	•	(Column 1)			- 0)		A	DDIT. FE	-	OR	ADDIT. FEE	4
AMENDMENT B		CLAIMS		(Colum		(Column 3)	-		1 4000	.		
		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• •	Minus	-				X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		2	T	X43= ·	-	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
	•						Ŀ	+145=.		ÓR	+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL VDDIT, FEE	
(Column 1) (Column 2) (Column 3)												
MEN		REMAINING AFTER AMENDMENT	•	HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			· ·		X\$ 9=			X\$18=	FEE
	Independent		Minus	***		•	┢	X43=		OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┝	A43=		OR	X86=	
• H.	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For in This d For in This	S SPACE is to	ess than	20, enter "20."		TOTAL DIT. FEE			TOTAL DOIT, FEE	
	J		- 1.00m Cr	Aspendent	a ca miá i	PARTOR TOTAL	:ouno	n ne m	propriate box	en colu	mn 1.	. [

Application or Docket Number